BlueCross BlueShield of New Mexico

Electroconvulsive Therapy (ECT) Request Form

This form should be utilized for **Blue Cross Medicare Advantage HMO℠ and Blue Cross Medicare Advantage PPO℠** Electroconvulsive Therapy Requests. Provider **must** call BCBSNM Medicare Advantage at 877-774-8592 or 877-688-1813 (DSNP) to verify benefits. Please complete all sections of the form and fax to BCBSNM at 505-816-4902.

Date____________________

Check One:	☐ Initial Request ☐ Concurrent ☐ Discharge

Patient Name____________________ Date of Birth____________________

Subscriber Name____________________ Subscriber ID #____________ Group #____________

Facility/Provider Name ____________________ NPI#____________________

Address____________________ City____________ State______ Zip________

Primary MD Full Name ____________________ MD NPI#____________________

Address____________________ City____________ State______ Zip________

UR/Contact Name____________________ Phone #____________ Fax #____________

ECT History: Any Past ECT? ☐ Yes ☐ No ECT in the last 6 months? ☐ Yes ☐ No

Past Frequency?____________________ (x per week/month) Brief Details of ECT to Date:____________________

Is this a transition after IP ECT? ☐ Yes ☐ No

Current ECT Plan-Frequency:____________________(x per eek/month) Visits Requested (CPT Code): ☐ 90870 #________

Requested ECT Auth Start Date: ____________________ Tentative Date of treatment:____________________

Current DX — Please include all DSM 5 and/or medical diagnoses that apply.

Code #:____________ DX Name:____________________ Specifier:____________________

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Code #:____________ DX Name:____________________ Specifier:____________________

Medications

Current Clinical Presentation/Risk Factors (Substance abuse: Include last date of use)

Previous MH/CD Treatment

Current Treatment Goals

Discharge Plan/Summary

Additional clinical information can be faxed with this form if needed.

My signature confirms that I am providing the requested services:

Signature______________________________ Date ____________

Such services are funded in part with the State of New Mexico.

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